(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT Dawn E. McKinney I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: **NEW HAMPSHIRE** DEPARTMENT OF STATE New Hampshire Legal Assistance (Name of partnership, firm or corporation) Concord, NH 03301 117 North State Street (Zip Code) (State) Business Address: (Street) (Town/City) dmckinney@nhla.org 603-224-2053 603-224-4107 e-mail III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). ☐ All reportable transactions occurring in the months prior to the reporting date relative to the following client: (Full Name of Client as it appears on the Lobbyist Registration Form) OR X All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 25, 2018 🛚 April 25, 2018 IV. Date of Report activity from 4/1/18 to 6/30/18 activity from date of registration to 3/31/18 Reports cover: October 31, 2018 activity from 7/1/18 to 9/30/18 January 30, 2019 activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 12-6-18 (Date) (Signature of lobbyist) Dawn E. McKinney

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Dawn McKinney		T
II. Name of lobbyist's par	rtnership, firm or corporation, if an	ıy:	
·N	New Hampshire Legal Assistance		
(Name of par	rtnership, firm or corporation)		
III. Name of Client	N/A	Date	
to lobbying, including fees including research, monitor reduced by any expenses:	f all fees received from the client identifi for services such as public advocacy, go ing legislation, and related legal work.	vernment relations, or The gross fee amo	r public relations ser unt reported shall no
a) Total of all fees received	in this reporting period	a) \$	0
b) Total of all fees received (This should equal the to	I this calendar year, prior to this reporting otal of all prior monthly reports for this c		0
c) Total of all fees received (Add lines a and b)	I to date	c) \$	0
d) Indicate the amount of a yet been paid	my such fees that are due, but have not	d) \$	0
fees. Separate reports are the lobbyist(s)/firm that are Expenses are to be reported during the reporting period individual expenses where lunch where the cost was \$\mathbb{S}\$ being lobbied, purchase of (c) an itemized statement of any purpose not covered be ceremonial object to be given the restaurant expenses for a left of the lobby in the content of the conten	erships, firms, or corporations are required to be filed for expenditures made relative e unrelated to any one client a separated in one of three categories of expenses for salaries, benefits, support staff, and the expenditure was of \$25.00 or less (for 25.00 or less, purchase of a pen with a value of a ceremonial object given to a person be feach individual expenditure made during y (a) (for example: purchase of a meal ven to the subject of lobbying with a value of on separate addendums and should not	e to each client and if e report may be filed s: (a) the aggregate l office expenses; (b) or example: meals pu alue of less than \$10 ing lobbied with a va- g this reporting period with value of greate alue greater than \$25, norariums, expense re	expenditures are made of for the lobbyist(s)/total of all expenses the aggregate total curchased during a bust that is given to the plue of \$25.00 or less) of greater than \$25.00 or than \$25, purchase but not greater than embursement, or policy.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

Dawn McKinney

	•
d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 799.76
(right files a, o and o)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ 9,906.55 f)\$ 10,706.31
f) Total of all expenses year to date	ns 10,706.31
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	12-6-18 (Date)
Dawn McKinney (Print Name of lobbyist)	
	RECEIVED DEC 1 0 2018

STATE OF NEW HAMPSHIRE



Lobbyists Report of Political Contributions

Addendum C (RSA Chapter 15:6)

RECEIVED

DEC 1 0 2018

I. Name of Lobbyist(s)

Amount of contribution \$

R

Dawn McKinney

NEW HAMPSHIRE
PARTMENT OF STATE

II. Name of lobbyist's partnership, firm or corporation, if any:

(Name of pureship, firm of corporation)

III. Name of Client

Political Contributions

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$	Full name of candidate:	teltes	Dan	,	,
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." [Last Name] (First Name) (Middle Name/Initial) Amount of contribution \$		(Last Name)	(First Name)	(Middle Name/Initia	l)
Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."	Amount of contribution \$ _	100-	Office Candidate is	Seeking State	. Senu
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."	actual cost of the in-kind co	ntribution on the line abov			
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."					
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."					
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."					
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."	Full name of candidate:				
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."		(Last Name)	(First Name)	(Middle Name/Initia	l)
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."	Amount of contribution \$ _		Office Candidate is	Seeking	
	actual cost of the in-kind co	ntribution on the line abov			
				·	
		<u></u>			
		· · · · · · · · · · · · · · · · · · ·			
	Full name of candidate:				•

(First Name)

Office Candidate is Seeking

(Last Name)

(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods actual cost of the in-kind contribution on the line above for amount of contribution	
enter an estimated value and the word "estimate."	·
	<u> </u>
	· ·
(If more than three contributions were made, report additional contributions on separate	addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
DMCZ	10-29-18
(Signature of lobbyist)	(Date)
DAWN MCKINNER	
(Print Name of lobbyist)	

DEC 1 0 2018

NEW HAMPSHIRE
DEPARTMENT OF STATE